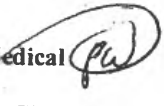


STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF CHARLESTON )  
 )  
 ) IN THE MAGISTRATE'S COURT  
 )  
 )  
 ) SUMMONS

Robrica Downs  
1 Donnan Rd  
Taylors, SC 29687  
(864) 365-9872

PLAINTIFF(S)

Vs

Med Trust Medical   
Transport  
1014 Bankton Circle  
Suite 100  
Hanahan, SC 29410

DEFENDANT(S)

2019 OCT 30 PM 2:16  
RCSD  
RECEIVED

**TO THE DEFENDANT(S) NAMED ABOVE:**

**YOU ARE SUMMONED** and required to answer the allegations of the attached complaint and present any appropriate counterclaims/crossclaims to the attached Complaint within THIRTY days from the first day after receipt of this summons. Your Answer must be received by the:

**Small Claims - North**  
**4045 Bridge View Drive**  
**P. O. Box 70235**  
**North Charleston, SC 29405**  
**Phone: (843) 202-6650**  
**Fax: (843) 202-6652**

If you fail to answer within the prescribed time, a judgment by default may be rendered against you for the amount or other remedy requested in the attached complaint, plus interest and costs. **If you desire a jury trial, you must request one in writing at least five (5) working days prior to the date set for trial.** If no jury trial is timely requested, the matter will be heard and decided by the Judge.

**READ ATTACHED INSTRUCTIONS CAREFULLY**

October 28, 2019

STATE OF SOUTH CAROLINA  
COUNTY OF CHARLESTON

## IN THE SMALL CLAIMS COURT

MedTrust Medical  
Transport1014 Bankton Cir  
Suite 100  
Hanahan SC 29410

Robrica Downs

Plaintiff

mailing address

1 Donnan Rd

Street Address

Taylors

City

SC 29687

State Zip

364 365 9872

Phone

Corporation Service Company

Defendant

1703 Laurel St

Street Address

Columbia

City

SC

State

29201

Zip

Phone

Plaintiff  
Address820 Rivers Ave  
Unit 2427  
Charleston  
SC 29406

I, the plaintiff in this civil action, make the following claim against the defendant:

- 1.) I believe that the defendant is a resident of \_\_\_\_\_.
- 2.) Check a, b, or c to indicate the type of suit and supply documents required.
  - a. ( ) This is a suit on a note; Two (2) copies of note attached. Defendant has defaulted in payment of said note with balance of \$ \_\_\_\_\_ now due and payable.
  - b. ( ) This is a suit on an account; Two (2) copies of statement attached. Sign as affiant swearing to statement and have your signature notarized.

SWORN and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Attached to this complaint is a statement of  
account which I swear to be true and correct,  
with no part of the balance having been paid.

NOTARY PUBLIC, State of South Carolina

My Commission Expires: \_\_\_\_\_

Affiant=s Signature (Plaintiff)

c. ( ) OTHER. This is a claim based on the following facts: (Describe Complaint)

unpaid overtime wages

(attach supplement if necessary)

3.) I believe because of the following information, that I am entitled to, and request a judgment for

\$ 7500 and/or other relief:

(Include any costs resulting from this action. (Example: court costs, legal fees, interest))

I STATE UNDER PENALTY OF PERJURY THAT THE ABOVE IS CORRECT AND TRUTHFUL.

10-28-19

Date

Robrica Downs

Signature of Plaintiff or Attorney

FORM C32-5270